

SNOWMOBILE CLUB CONTACTS

PROGRAM YEAR: _____

Club: _____

Primary Contact For County Trail (Trail Boss/Club Rep): (if other than president)

(ie. who should receive landowner lists, sign inventories, etc. and who do I contact regarding SNARS & trail questions or problems)

Name: _____ Position: _____

Mailing Address: _____

Phone #: _____ : Email address: _____

Alternate Contact:

(someone serving as a backup to the Primary Contact)

Name: _____ Position: _____

Mailing Address: _____

Phone #: _____ Email Address: _____

Treasurer / Maintenance/Grooming Payment checks should be sent to:

Name: _____ Position: _____

Mailing Address: _____

Phone #: _____ Email Address: _____

Club President

Name: _____ Phone: _____

Mailing Address: _____

E-mail address: _____

Does your club have a web page? ☐ yes ☐ no

Website?: _____

Email Trail Status Contacts:

If you have club members that would like to receive email notices of changing trail conditions, please list name and email address. LIST ONLY THOSE THAT ARE NOT CURRENTLY RECEIVING THE NOTIFICATIONS.

NAME	EMAIL ADDRESS